



**VIRGINIA WASTE TIRE PROGRAM
END USER REIMBURSEMENT APPLICATION
(FORM DEQ-EURR)**

No. 152

7/2006

COMPANY NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 FEDERAL ID# _____
 PHONE _____ CONTACT PERSON _____

WASTE TIRE PILES: TO QUALIFY FOR \$100 PER TON REIMBURSEMENT, STATE THE DEQ PILE # _____ AND ATTACH A COPY OF THE CERTIFICATION SIGNED BY A DEQ STAFF PERSON.

NAME AND LOCATION OF END USE _____
 DESCRIPTION OF USE _____
 USE OCCURRED BETWEEN (DATES) _____ AND _____
 VIRGINIA-ORIGIN DOCUMENTED BY _____

COMPLETE THE CALCULATION FOR PURCHASE PRICE (PP) OR COST OF USE (COU)

PURCHASE PRICE CALCULATION

TONS OF MATERIAL PURCHASED _____
 PURCHASE PRICE PER TON _____
 P.P/C.O.U. DOCUMENTED BY _____

COST OF USE CALCULATION

COST OF USE PER TON _____
 MINUS TIPPING FEE _____
 NET COST OF USE _____
 TONS OF MATERIAL USED _____

CERTIFICATION: I certify that the amount of waste tire material listed above was utilized in the manner specified on this request during the period listed. I further certify that the documentation exist at the office of the company listed above that demonstrates that waste tire material was from waste tires that were Virginia generated as defined in the Waste Tire End User reimbursement Regulations (9 VAC 20-150-10 et seq.). Additionally, I certify that records exist in our office, for review by DEQ, that shows the purchase price paid or cost of use and the amount of waste tire material that was used. I certify that I am authorized to sign this application on behalf of the company listed above.

Signature _____ Date _____

FOR DEQ USE ONLY

USE _____ TONS _____ RATE _____ AMOUNT OF REIMBURSEMENT DUE _____

APPROVED FOR PAYMENT PROCESSING _____ DATE _____

RETURN TO: Virginia DEQ, Waste Tire Program, 629 East Main Street, Richmond, VA 23219

TRANS	AGENCY	GLA	FUND		FY	PROGRAM			OBJECT	REVENUE SOURCE	AMOUNT			PROJECT			
			FUND	DET		PROG	SUB	ELE			PROJECT	TK	PH				
334	440		09	06	07	515	02		1418				71780				
COST CODE	FIPS	PSD	AGENCY REFERENCE			INVOICE			DUE DATE			REFERENCE DOC					
202						DATE			NUMBER			MM	DD	YY	NUMBER	SX	V
DESCRIPTION						CURRENT DOCUMENT			SUBSIDIARY ACCOUNT			MULTI-PURPOSE			CHECK IF EXPENDITURE DISTRIBUTION CONTINUATION SHEETS ARE ATTACHED		
WASTE TIRE END USER						NUMBER			ACCOUNT			PURPOSE					